



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/765,180
		Filing Date January 28, 2004
		First Named Inventor Satoshi NISHIKAJI et al.
		Group Art Unit 3616
		Examiner Name Leonard McCreary
Total Number of Pages in This Submission		Attorney Docket Number 742425-23

ENCLOSURES (*check all that apply*)

- Fee Transmittal Form
 - Fee Attached
 - Amendment / Reply
 - After Final
 - Affidavits/declaration(s)
 - Extension of Time Request
 - Express Abandonment Request
 - Information Disclosure Statement
 - Certified Copy of Priority Document(s)
 - Response to Missing Parts/Incomplete Application
 - Response to Missing Parts under 37 CFR 1.52 or 1.53
 - Assignment Papers
(for an Application)
 - Drawing(s)
 - Declaration and Power of Attorney
 - Licensing-related Papers
 - Petition
 - Petition to Convert to a Provisional Application
 - Power of Attorney, Revocation Change of Correspondence Address
 - Terminal Disclaimer
 - Request for Refund
 - CD, Number of CD(s) _____
 - After Allowance Communication to Group
 - Appeal Communication to Board of Appeals and Interferences
 - Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
 - Proprietary Information
 - Status Letter
 - Application Data Sheet
 - Request for Corrected Filing Receipt with Enclosures
 - A self-addressed prepaid postcard for acknowledging receipt
 - Other Enclosure(s) (*please identify below:*)

Remarks

- The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Donald R. Studebaker Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	August 9, 2006

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: 742425-23																				
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	In re Application of: Satoshi NISHIKAJI et al.																					
	Application Number: 10/765,180	Filed: January 28, 2004																				
For: AIRBAG DEVICE FOR VEHICLE																						
Group Art Unit: 3616	Examiner: Leonard McCreary																					
<p>Signature: _____</p> <p>Name: _____</p>																						
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p>																						
<table> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td> <td>\$450.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Applicant claims small entity status.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> A check to cover the fee is enclosed.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380 (742425-23)</u>. I have enclosed a duplicate copy of this sheet.</td> <td></td> </tr> </tbody> </table>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$450.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____	<input type="checkbox"/> Applicant claims small entity status.		<input type="checkbox"/> A check to cover the fee is enclosed.		<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		<input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380 (742425-23)</u> . I have enclosed a duplicate copy of this sheet.	
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<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>																						
<p>I am the <input type="checkbox"/> applicant/inventor</p>																						
<p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p>																						
<p><input checked="" type="checkbox"/> attorney or agent of record.</p>																						
<p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p>																						
		August 9, 2006																				
Signature		Date																				
Donald R. Studebaker		(202) 585-8234																				
Typed or printed name		Telephone Number																				
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>																						
<p><input type="checkbox"/> Total of _____ forms are submitted.</p>																						